Dear Editor,

I have read with interest the article authored by Bourlière et al. [1]. In this article, entitled "Analogs and fibrosis regression in hepatitis B", histologic improvement with different NA analogues after 1 year treatment period was compared. At the section of summary, the authors clearly stated that "...after 1 year of treatment, improvement in liver fibrosis was observed among HBe antigen (HBeAg)-positive naive patients: 35—61% with lamivudine; 41% with adefovir; 68% with telbivudine; 39% with entecavir and 74% with tenofovir. Among HBeAg negative patients, after 1 year of treatment, improvement in liver fibrosis was seen in 36—46% with lamivudine; 48% with adefovir; 56% with telbivudine; 36% with entecavir and 71% with tenofovir". Obviously, the readers think that tenofovir is superior to entecavir in terms of the improvement of liver fibrosis. In fact, there is a confusion in this sentence: the rate of 74%, which was stated as the rate of improvement in liver fibrosis in tenofovir-treated HBeAg positive patients, is the rate of at least two points decrease in the Knodell necroinflammatory score, without worsening of fibrosis. The same is true for the rate of 71% in HBeAg negative patients. The correct data are seen in the section entitled "Tenofovir disoproxil fumarate and fibrosis regression" on page 927. In the summary section, regression of fibrosis with entecavir treatment after 48 weeks (at least one point decrease in Ishak fibrosis scores; 39% and 36% for HBeAg positive and negative CHB patients respectively) was compared with histologic improvement (defined as at least two points decrease in the Knodell necroinflammatory score, without worsening of fibrosis) with tenofovir treatment. I would like you to notice that comparison of these two NA analogues is not appropriate and is not fair.

Additionally, in this article, it’s claimed that no data were available on the evolution of fibrosis with long-term entecavir treatment. I would like to remind you the histologic outcomes about 57 CHB patients under entecavir therapy over a median treatment duration of more than 5 years was presented at the annual meeting of AASLD [2,3].

Conflict of interest

The author declares that he does not have anything to disclose regarding funding from industries or conflict of interest with respect to this manuscript.

References


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Hépatites virales et santé publique

Viral hepatitis and public health


Les médecins français vaccinent peu contre l’hépatite B, il faut bien chercher pour trouver des pays qui font pire que nous : le Yémen ou St Domingue [3]. Mais comment s’en étonner quand les tutelles financerent des recherches de qualité insuffisante sur les complications hypothétiques du vaccin, laissent publier des résultats mal évalués et ne réagissent même pas à une campagne médiatique délibérée avant publication [3]. Sur ce dernier point, le JAMA s’est montré critique et a fait un rappel à l’ordre [4].